

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

As a below named inventor, we hereby declare that:

My residence, post office address and citizenship are the same as stated below next to my name.

We believe we are an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:-

TREATMENT AND DIAGNOSIS OF AN INFERTILITY CONDITION

the specification of which

☒ was filed as PCT International application No. PCT/AU98/00149 on 6th March 1998 and was amended on 31st July 1998 and 29th January 1999.

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information known to us to be material to the examination of this application in accordance with Title 37, Code of Federal Regulations, S1.56(a).

We hereby claim foreign priority benefits under Title 35, United States Code, S119 of any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the applicant on which priority is claimed.

Number	Country	Filing Date (d/m/y)	Priority Claimed
PO5508 ✓	Australia ✓	6th March 1997 ✓	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no

We hereby claim the benefit under Title 35, United States Code, S120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, S112, we acknowledge the duty to disclose all information known to us to be material to patentability as defined in Title 37, Code of

Federal Regulation, S1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

Application Serial No. Filing Date (d/m/y) Status (Patented, Pending, Abandoned)

We hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

2 - Henry D. Coleman, Reg. No. 32,559; R. Neil Sudol, Reg. No. 31,669

Address all telephone calls to: R. Neil Sudol/Henry D. Coleman
at Telephone No. (212)6790090

Address all correspondence to: R. Neil Sudol/Henry D. Coleman
at Coleman Sudol, LLP
708 Third Avenue 14th Floor
NEW YORK NEW YORK 10017-4104
UNITED STATES OF AMERICA

We hereby declare that all statements made herein of our own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


1-00 Full name of sole or first inventor:- Sarah Anne ROBERTSON

Residence: 24 St. Peters Street, St. Peters, South Australia 5069, Australia Aux

Post Office Address: Same as above

Country of Citizenship AUSTRALIA

20 August 1999
Date


Sarah Anne Robertson


2-00 Full name of second inventor:- Kelton Paul TREMELLEN

Residence: 3 Wallace Street, Vale Park, South Australia 5081, Australia. Aux

Post Office Address: Same as above

Country of Citizenship AUSTRALIA

20th August 1999
Date


Kelton Paul Tremellen

Applicant or Patentee: LUMINIS PTY LTD

Serial or Patent No.: To Be assigned

Attorney Docket No.:

Filed on: 6th March 1998

For: TREATMENT AND DIAGNOSIS OF AN INFERTILITY CONDITION

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(F) AND 1.27(C)) - SMALL BUSINESS CONCERN

I hereby declare that I am

☐ the owner of the small business concern identified below:

☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN : LUMINIS PTY LTD an Australian Company

ADDRESS OF CONCERN: 1st Floor 10-20 Pulteney Street, Adelaide, State of South Australia 5000, Australia

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 1.21.3-18, and reproduced in 37 CFR 1.9(d), for the purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled TREATMENT AND DIAGNOSIS OF AN INFERTILITY CONDITION of inventors SARAH ANNE ROBERTSON and KELTON PAUL TREMELLEN described in

☐ the specification filed herewith.

☒ application serial no. PCT/AU98/00149 filed 6th March 1998

☐ patent no. _____, issued _____.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to this invention averring to their status as small entities. (37 CFR 1.27).

FULL NAME

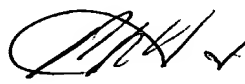
ADDRESS

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING P R Hart
TITLE OF PERSON MANAGING DIRECTOR
ADDRESS OF PERSON SIGNING 10 PULTNAM ST ADRIAN MI 49000

SIGNATURE 
DATE 20 AUG 99

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